

BEST AVAILABLE COPY

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/204569

CLAIMS AS FILED - PART I			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$		\$
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*	x \$	=	x \$	=
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*	x	=	x	=
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+	=	+	=
			TOTAL		TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* 30	Minus ** 40	=		x \$	=	x \$	=
Independent (37 CFR 1.16(b))	* 3	Minus *** 3	=		x	=	x	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=
					TOTAL		TOTAL	

AMENDMENT B					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* Minus **	=			x \$	=	x \$	=
Independent (37 CFR 1.16(b))	* Minus ***	=			x	=	x	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=
					TOTAL		TOTAL	

AMENDMENT C					SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA			RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total (37 CFR 1.16(c))	* Minus **	=			x \$	=	x \$	=
Independent (37 CFR 1.16(b))	* Minus ***	=			x	=	x	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+	=	+	=
					TOTAL		TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.